

CRITERIA FOR PRIOR AUTHORIZATION

Lyrica® (pregabalin), Lyrica CR® (pregabalin)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drug requires prior authorization:
pregabalin (Lyrica®, Lyrica CR®)**CRITERIA FOR APPROVAL FOR DIAGNOSIS OF PARTIAL-ONSET SEIZURE** (must meet all of the following):

- Patient must have a diagnosis of partial-onset seizure
- Request must be for immediate release Lyrica
- Patient must be 18 years of age or older
- Dose must not exceed 600 mg per day

CRITERIA FOR APPROVAL FOR DIAGNOSIS OF NEUROPATHIC PAIN ASSOCIATED WITH DIABETIC PERIPHERAL NEUROPATHY (must meet all of the following):

- Patient must have a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy
- Patient must be 18 years of age or older
- Dose must not exceed the maximum recommended dose for the patient's diagnosis
 - Immediate Release: Dose must not exceed 300 mg per day
 - Extended Release: Dose must not exceed 330 mg per day

CRITERIA FOR APPROVAL FOR DIAGNOSIS OF POSTHERPETIC NEURALGIA (must meet all of the following):

- Patient must have a diagnosis of postherpetic neuralgia
- Patient must be 18 years of age or older
- Dose must not exceed the maximum recommended dose for the patient's diagnosis
 - Immediate Release: Dose must not exceed 600 mg per day
 - Extended Release: Dose must not exceed 660 mg per day

CRITERIA FOR APPROVAL FOR DIAGNOSIS OF FIBROMYALGIA (must meet all of the following):

- Patient must have a diagnosis of fibromyalgia
- Request must be for immediate release Lyrica
- Patient must be 18 years of age or older
- Dose must not exceed 450 mg per day

CRITERIA FOR APPROVAL FOR DIAGNOSIS OF NEUROPATHIC PAIN ASSOCIATED WITH SPINAL CORD INJURY (must meet all of the following):

- Patient must have a diagnosis of neuropathic pain associated with spinal cord injury
- Request must be for immediate release Lyrica
- Patient must be 18 years of age or older
- Dose must not exceed 600 mg per day

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

DATE

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE